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Senator Toni Harp
Representative Denise Merrill
Co-Chairs
Appropriations Committee
Legislative Office Building
Hartford, CT 06106

Senator Jonathan Harris
Representative Peter Villano
Co-Chairs
Human Services Committee
Legislative Office Building
Hartford, CT 06106

Re: Comments to Proposed HUSKY Primary Care Case Management Plan

Dear Senators Harp and Harris, and Representatives Merrill and Villano:

We are very pleased that DSS has finally submitted its plan for implementing the legislature's mandate to put in place a pilot program of Primary Care Case Management (PCCM) for the HUSKY A population. The plan is largely reflective of the plan which advocates and representatives for providers worked to develop cooperatively with DSS staff in a diverse work group over several months last fall and this spring. It has been a very positive experience to work collaboratively with DSS staff toward this common goal of implementing an effective alternative to the Managed Care Organization ("MCO")-managed care model of health care delivery.

We are generally pleased with the final product as well. However, some of the final language does not reflect precisely the agreements reached with DSS staff, and many important areas of agreement are reflected in the cover letter but not the plan itself. We write to urge a few modest changes to the plan to incorporate these matters addressed only in the Commissioner's cover letter, to memorialize additional agreements reached by the work group, and otherwise to further the goals of the legislature in adopting this requirement last year. We hope that these proposed changes will be acceptable to the committees and that approval, with these changes, will be possible shortly after the September 24th hearing so that the Department can move forward with all deliberate speed to fully implement this plan on January 1, 2009.

Implementation Date

The Commissioner's cover letter states that "the anticipated target date for the beginning of enrollment is January 1, 2009," while the plan itself says nothing about the start date. The legislature's mandate provided that the PCCM pilot was to be implemented "not later than April 1, 2008," with the proposed plan to be submitted to the two committees of cognizance by November 1, 2007. We believe that the delays have gone on long enough and that, consistent with the Commissioner's cover letter, the plan

should be modified to clearly state that it shall be implemented on January 1, 2009. There is already a schedule agreed to with DSS staff which will allow this to happen.

Because there is uncertainty about the move to return the bulk of the HUSKY enrollees to capitated MCOs, the January 1st date should be fixed **regardless** of any delays in the roll out of those MCOs or in the date by which enrollment in them will be made mandatory. PCCM may well be the answer to the turmoil caused by the effort to move HUSKY enrollees to under-performing MCOs with inadequate provider networks.

In addition, while the cover letter states that "[t]he geographic areas for the pilot will be defined based on the catchment area of providers who choose to enroll in the PCCM pilot," the plan itself does not specifically commit to implementing the pilot in all such areas. The plan should be modified to clearly reflect this intended broad reach of the pilot.

We therefore urge that a new paragraph, under the heading "**Implementation Date,**" be added under "**Pilot Program Design**":

> "The pilot program shall go into effect on January 1, 2009 in any part of the state where PCPs have signed up to participate in the program by that date, regardless of the timing of the roll out of the new HUSKY MCOs in various counties of the state and regardless of any delays in moving toward mandatory enrollment in them by HUSKY enrollees. PCCM is an important program which has successfully improved quality of care and increased efficiencies in other states, so no further delays in its implementation are warranted."

Notices to Enrollees About PCCM Option

In the Commissioner's cover letter accompanying the plan, he states that PCCM "will be offered to HUSKY A-eligible clients as an alternative to enrollment in a managed care plan." More specifically, he states that "HUSKY A members living in geographic areas of PCCM-enrolled providers will be offered PCCM as an additional option at the time they are notified that they must enroll in managed care."

We had advocated for this approach and appreciate very much that it is included in the cover letter. It should also be included in the approved plan itself. In addition, to minimize confusion and increase efficiency, the letters advising HUSKY A enrollees of the option of PCCM (in those areas with PCCM-enrolled PCPs) should make clear that, if they choose PCCM, they do not have to change plans until the PCCM start date. DSS's position has been that it intends to force all HUSKY (A and B) enrollees into one of the new MCOs by December 1, with individuals not choosing by November 24th (or so) being involuntarily moved by default to a random MCO. It would be highly problematic to force HUSKY A enrollees who choose the PCCM option to move to a new MCO for literally one month.

To avoid this unnecessary disruption and minimize administrative burdens on the Department, the forced move to MCOs for **all** HUSKY enrollees should be delayed until

January 1, 2009, the same date that PCCM is implemented. However, if the Department is unwilling to make this minor change in schedule, then the written notices sent out to HUSKY A enrollees in areas with PCCM-enrolled PCPs should advise recipients who choose the PCCM option that they will **not** be forced to change plans until PCCM in fact begins on January 1st. They should be told that they will be allowed to receive their health care services without any changes until that date. (There is no practical problem with doing this since Anthem and CHNCT have indicated they are willing to continue contracting with DSS on a non-risk basis indefinitely and, of course, DSS directly controls the fee-for-service HUSKY plan.)

To implement the Commissisoner's stated policies in his cover letter, to minimize confusion for all concerned, and to further the legislature's goal of having PCCM serve as a true alternative to capitated MCOs, we therefore urge that a new paragraph, under the new heading "**Notices to Enrollees About PCCM Option,**" be added:

> "HUSKY A members living in geographic areas with PCCM-enrolled providers will be offered PCCM as an additional option at the time they are notified that they must enroll in MCO-managed care. When a written notice goes out to any HUSKY A enrollees in any such areas advising them that they must choose one of the three MCOs, it must also advise them of the PCCM option and that, if they choose PCCM, they will be able to remain in their existing plan without any changes until PCCM goes into effect on January 1, 2009."

Future PCP Enrollment and Choices

PCCM is a new program and it is anticipated that some PCPs will not sign up with it initially but will do so in subsequent months, as they see some of their colleagues participate and witness some of the benefits of PCCM. We need to ensure that HUSKY A enrollees in areas of the state which do not initially have PCCM-enrolled PCPs as of January 1st, but which subsequently do have such PCPs, have the same choice of enrolling in PCCM as other HUSKY A recipients. Subsequent notices should therefore go out to HUSKY A MCO enrollees in all areas newly open to PCCM advising them of the new option. Because this is a work in progress, we recommend that a new round of such notices to HUSKY A MCO enrollees go out once every six months.

Accordingly, we urge the addition of a new paragraph, under the new heading "**Future PCP Enrollment and Choices,**" reading:

> "Starting on June 1, 2009 and every six months thereafter, written notices shall be mailed to all HUSKY A enrollees in MCO-managed care residing in areas which over the last six months became newly covered by PCCM-enrolled PCPs, advising these enrollees that they now have the option of choosing PCCM as an alternative to MCO-managed care and offering that choice."

Case Management

The plan includes the critical component of care managers working under the auspices of the PCPs. However, it states that the care management fee will allow the PCPs to "hire case managers." It was the intention of the work group that practices be able to participate in PCCM by **contracting for** care management services, as well as actually employing such individuals. Allowing for such contracting will make it economically feasible for smaller practices, with small caseload capacities, to participate through cost-sharing with other practices. Encouraging a diverse range of providers to participate in PCCM is an important goal and this clarification is necessary to maximize such participation.

Accordingly, it is recommended that the first paragraph under "**Case Management**" be modified to read as follows:

> "Participating PCCM providers and practices will receive an all inclusive case management fee to hire or contract with case managers, to provide the resources and support needed for physician practices to better manage the care of enrollees."

Outreach

We are pleased to see Outreach included in the plan submitted. This is a critical component of making this new program a success. Our only suggestions are that PCCM be mentioned in **any** brochures concerning HUSKY A, that PCCM-specific materials be widely circulated, and that the outreach to HUSKY enrollees and providers about PCCM be equivalent to the extensive outreach that DSS has engaged in recently regarding the new MCOs under the combined HUSKY/Charter Oak Health Insurance programs.

Accordingly, we urge that the paragraphs under the existing heading "**Outreach**" on page 5 of the plan be modified as follows (proposed additions underlined, proposed deletions in brackets):

> "PCCM information [may] will be incorporated into existing HUSKY A informational materials, [depending on the purpose of the individual materials] such as brochures, flyers, enrollment forms, comparison charts and letters used by the Department or its HUSKY outreach partners. PCCM offices will also be allowed to conduct limited marketing, in compliance with the Department's HUSKY marketing guidelines.
>
> Additionally, PCCM specific informational materials will be made widely available to providers and patients, through DSS regional offices, physicians' offices, federally qualified health care centers, hospital outpatient facilities and other locations HUSKY A enrollees are likely to frequent.
>
> Resources expended on marketing by the Department for the PCCM program during the period 9/25/08 to 1/1/09 shall be equivalent to the resources expended on marketing of MCO-managed care under HUSKY/Charter Oak during this period. Any public service announcements about HUSKY/Charter Oak shall also mention the new option of PCCM under HUSKY A."

Conclusion

In 2007, the legislature wisely adopted the requirement that DSS adopt and implement a pilot program of primary care case management for the HUSKY A population, given the long history of significant access problems under MCO-managed care in the HUSKY program and the success with this alternative delivery model in other states. The current turmoil in the HUSKY program, as the Governor seeks to move all HUSKY enrollees back into capitated MCOs, confirms the wisdom of that choice.

It is too early to know if PCCM will completely supplant MCOs as the best way to deliver health care to the HUSKY population (perhaps including HUSKY B as well), as it has done with Medicaid populations in other states, with a substantial benefit to the taxpayers as well. But certainly, given the unfolding access problems under the new MCOs, we cannot afford any further delays in rolling this program out state-wide, in any areas where primary care providers are willing to participate. Accordingly, we urge you to approve the PCCM plan submitted by DSS, but with the amendments set forth above, as soon as possible after the September 24th hearing.

Thank you for your consideration of these comments.

Respectfully yours,

Ronald Angoff, M.D.
President
American Academy of Pediatrics-
Connecticut Chapter

Sheldon V. Toubman
Staff Attorney

cc: Commissioner Michael Starkowski
State Health Care Advocate Kevin Lembo
Child Advocate Jeanne Milstein